

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Mr</i>	<i>67814</i>	<i>4/1/00</i>
O.I.P.E. CLASSIFIER		<i>5</i>	<i>4-6-00</i>
FORMALITY REVIEW	<i>WN</i>	<i>67979</i>	<i>6-10-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	3/16/04
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20	N
21	✓
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35	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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